CORRECTION #1

Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
□ Oil □ WSW □ SWD □ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demot #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
☐ Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:



CORRECTION #1

Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		
Final Radioactivity Lo files must be submitted					gs must be ema	iled to kcc-well-log	gs@kcc.ks.go	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L		n (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	w Used			
		· ·		ıctor, surface, inte	ermediate, producti		T	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and Pe	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski)	o questions 2 ar	nd 3)
Does the volume of the to		•				_	o question 3)	(" 100 ")
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill o	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bl	ols. G	ias-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		, 4 CT - 1		TION:		DRODUCTIO	AN INTEDVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PHODUCIIC	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Utah Oil LLC
Well Name	VanTyle SV16
Doc ID	1192544

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	22	Portland	6	50/50 POZ
Completio n	5.6250	2.8750	8	262	Portland	42	50/50 POZ

Summary of Changes

Lease Name and Number: VanTyle SV16

API/Permit #: 15-121-29750-00-00

Doc ID: 1192544

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/19/2014	03/05/2014
Producing Formation	Burgis	Hepler
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 89010	//kcc/detail/operatorE ditDetail.cfm?docID=11 92544



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1189010

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #		API No. 15
Name:		Spot Description:
Address 1:		SecTwpS. R 🗌 East 🗌 West
Address 2:		Feet from North / South Line of Section
City: State:	Zip:+	Feet from _ East / _ West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		□NE □NW □SE □SW
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
		Producing Formation:
☐ Oil ☐ WSW ☐ SWD	∐ SIOW R □ SIGW	Elevation: Ground: Kelly Bushing:
	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Origina	al Total Depth:	
Deepening Re-perf. Conv. to	o ENHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls
		Dewatering method used:
		Location of fluid disposal if hauled offsite:
ENHR Permit #: _		
GSW Permit #:		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD	Completion Date or	QuarterSecTwpS. R East West
Recompletion Date	Recompletion Date	Countv: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

KOLAR Document ID: 1189010

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	nd Percent Additives	
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Use	,u		туре а	ia Percent Additives	
Plug Off Z										
Did you perform Does the volum Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Utah Oil LLC
Well Name	VanTyle SV16
Doc ID	1189010

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	22	Portland	6	50/50 POZ
Completio n	5.6250	2.8750	8	262	Portland	42	50/50 POZ

LEASE NAME Variage OPERATOR Utahou START DATE: 11-25-13
WELL# 5V#16 V.OCATION: New lancoster K5 APL#
SURFACE PIPE: 7" Ft 2011 Cement(#bags) 6
PRODUCTION: PIPE: SIZE #FT S

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
9	501		9				
29	Lime		38				
10	Shale		48				
18	Lime		66				
4	Lime Shale		70				
à	Piwe		72				
6	Shale						
5	Lime		83				
	Shale		89				
3	Lime		92				
16	Shale signal grado		108	-100-100-2			
10	SOURCE	Smell. Little	118				
4	21.30V		133				
120	Shale	in the second se	949		348-6	a Core point?	,
	2 Source	1	343				
19	Shale	CT	969	-* C	ry Ho	ble *	
					Lauren Service		



DIY SUPPLY Ottawa #3505 2204 S PRINCETON CIRCLE DR **OTTAWA, KS 66067**

PHONE: (785) 242-8200

PAGE NO 1 **CUSTOMER**

CUST NO *****9

41

JOB NO: 000

PURCHASE ORDER: DEAN UTAH OIL REFERENCE: 785-241-3923 TERMS:

CASH/CHECK/BANKCARD

CLERK: 102

7:36 9/13/13

SOLD TO: **** CASH **** SHIP TO: DEAN

DEL. DATE: 9/11/13

TERMINAL: 901 ORDER: 88135

1 1

TAX: 090 OTTAWA SALES TAX

INVOICE: A88406

								DDIOE! DED	EXTENSION
LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS		4,165.00
1	490	490		1290915	PORTLAND CEMENT 94LB	9.45	490	8.50 /EA	4,105.00
	110-7-7-	in in the second			MFG part# 1124-94	1		45.00 (EA	-60.00 R
3	-4	-4	EA	5040001	PALLET QUIKRETE/PAVESTN	1	4	15.00 /EA	-00.00 //
8					CREDIT RETURN	1			
					MFG part# PALLET				
4		1		1	Orig: A85031/9 08/30/13 TX:			1	
				349	9-13-13 MBC				
							4.10	TAXABLE	4105.00

** PAID IN FULL **

4464.19

TAXABLE NON-TAXABLE SUBTOTAL

4105.00 0.00 4105.00

CHECK PAYMENT CK# 1884

4464.19

TAX AMOUNT

359.19

TOTAL

4464.19

TOT WT: 46060.00

Received By